

**MISSOURI TSA STATE LEADERS TRAINING  
REGISTRATION FORM**

June 6-10, 2005  
Windermere Conference Center  
Whispering Oaks Lodge  
Roach, Missouri

All Expenses Covered  
No Need For Payment Arrangements.

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

STATE OFFICER(S) WHO ARE ATTENDING THE RETREAT:

\_\_\_\_\_ M-F email: \_\_\_\_\_

\_\_\_\_\_ M-F email \_\_\_\_\_

\_\_\_\_\_ M-F email: \_\_\_\_\_

\_\_\_\_\_ M-F email \_\_\_\_\_

CHAPTER NAME: \_\_\_\_\_

\_\_\_\_\_ # Officers attending

\_\_\_\_\_ # Advisors/sponsors attending

\_\_\_\_\_ # Total attending

Name of advisor(s) who will be attending:

\_\_\_\_\_ M-F \_\_\_\_\_ M-F

**Please return by May 31, 2005 to the following fax:**

Doug Miller, TSA State Advisor  
Missouri Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, MO 65102  
**FAX: (573) 526-4261**